

House Health & Human Resources Committee Amendment No. 1

AMENDMENT NO. _____

Signature of Sponsor

AMEND Senate Bill No. 2834*

House Bill No. 2483

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

is amended by deleting all of the language after the enacting clause and by substituting instead the following:

SECTION 1. The General Assembly finds and declares that:

(1) Until recently health care insurers covered costs of hospital stays of a mother and a newborn until they were discharged by a physician after a consultation with the mother. Now many insurers are refusing payment for a hospital stay that extends beyond twenty-four (24) hours after an uncomplicated vaginal delivery and forty-eight (48) hours after a cesarean delivery;

(2) There is sufficient scientific data to question the safety and appropriateness of such early releases from the hospital following delivery, particularly as it relates to the detection of many problems which if undiagnosed may pose life-threatening and costly complications and may require a longer period of observation by skilled personnel;

(3) Guidelines developed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend as a minimum that mothers and infants meet certain medical criteria and conditions prior to discharge, and it is unlikely that these criteria and conditions can be met in less than forty-eight (48) hours after a normal vaginal delivery and ninety-six (96) hours after a cesarean delivery;

(4) The length of postdelivery inpatient stay should be a clinical decision made by a physician based on medical necessity and on the unique characteristics of each mother and her infant, taking into consideration the health of the mother, the health and stability of the baby, and access to appropriate follow-up care; and

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(5) Requiring insurers to cover minimum postdelivery inpatient stays will allow identification of early problems with the newborn, prevent disability through appropriate use of metabolic screening, and help ensure that the family is able and prepared to care for the baby at home.

SECTION 2. This Act shall be known and may be cited as the “Newborn Baby and Mother Protection Act.”

SECTION 3. As used in this code section, unless the context requires otherwise, the term:

(1) “Health benefit policy” means any individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state, including those contracts executed by the state on behalf of indigents and on behalf of state employees, by a health care corporation, health maintenance organization, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, or similar entity. “Health benefit policy” also means any medical service plan as defined in Section 56-27-102(4).

(2) “Insurer” means an accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, health maintenance organization, or any similar entity authorized to issue contracts under title 56.

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SECTION 4. (a) Every health benefit policy that provides maternity benefits that is delivered, issued, executed, or renewed in this state or approved for issuance or renewal in this state by the commissioner of the department of commerce and insurance on or after the effective date of this act shall provide coverage for a minimum of forty-eight (48) hours of inpatient care following a normal vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following a cesarean section for a mother and her newly born child in a licensed health care facility.

(b) Any decision to shorten the length of stay to less than that provided under subsection (a) shall be made by the obstetrician, pediatrician, or certified nurse midwife after conferring with the mother.

(c) If a decision is made to shorten the length of stay pursuant to subsection (b), the health benefit policy shall provide coverage for a minimum of one (1) home visit by a registered professional nurse with training and education in maternal and child health nursing, a pediatric nurse practitioner, or a certified nurse midwife. If the person making the initial home visit pursuant to this subsection deems an additional home visit medically appropriate or necessary, the health benefit policy shall provide coverage for an additional home visit. Services provided in the home visit shall include, but not be limited to, physical assessment of the newborn, parent education, assistance and training in breast or bottle feeding, and the performance of any medically necessary and appropriate clinical tests. The initial home visit, if any, shall be conducted no earlier than

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forty-eight (48) hours and no later than seventy-two (72) hours following the birth of the child.

(d) The commissioner of commerce and insurance shall promulgate the rules and regulations necessary to implement the provisions of this section.

(e) Each insurer shall provide notice to its policyholders regarding the coverage required by this section and any rules and regulations promulgated by the commissioner relating to this section. The notice shall be in writing and prominently positioned in the following literature:

- (1) The next mailing to the policyholder;
- (2) Any informational packets sent to the policyholder; or
- (3) Other literature mailed before January 1, 1997.

(f) No health benefit policy covered under this section shall terminate services, reduce capitation payment, or otherwise penalize an attending physician or other health care provider who orders care consistent with the provisions of this section. For purposes of this subsection, a "health care provider" includes the attending physician, certified nurse midwife, and hospital.

SECTION 5. This act shall apply to any contract issued or renewed on or after July 1, 1996. This section is not to be construed as an impairment to any contract issued prior to July 1, 1996.

SECTION 6. The provisions of this act shall not be construed to apply to or in any way affect the provisions of the federal Employee's Retirement Income Security Act.

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SECTION 7. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.

SECTION 8. This act shall take effect July 1, 1996, the public welfare requiring it.